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Case Study

AYURVEDIC MANAGEMENT OF HYPER EMESIS GRAVIDARUM

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ABSTRACT

Hyperemesis gravidarum is a severe type of vomiting of pregnancy which has got deleterious effect on the health of mother and/or incapacitates her in day-to- day activities. The incidence of Hyperemesis gravidarum ranges from 0.3 to 3%. *Garbhini chardi* is one among the *Vyaktha garbha lakshanas*. Due to *Garbha peeda, Duhrida avamanana* causes *Kapha pitha dushti* leading to *Vatadushti* along with *Agnimandhya*, *Dosha utklesha* and thus results in the expulsion through the mouth. A multipara with amenorrhea for 7 weeks 5 days presenting with severe vomiting, fatigue, constipation came to our OPD was assessed with PUQE- 24 scale and was managed with Ayurvedic treatment.

INTRODUCTION

Hyperemesis gravidarum is a severe type of vomiting of pregnancy which has got deleterious effect on the health of mother and/or incapacitates her in day-to- day activities[1]. Usually, it is limited to 1st trimester and resolves by 20 weeks. The adverse effects may include, 5% loss of pregnancy weight, dehydration, and electrolyte imbalance[1]. Studies shows that up to 90% of women experience nausea during pregnancy. But the incidence of Hyperemesis gravidarum ranges from 0.3 to 3%[2]. The exact etiology of hyperemesis gravidarum is unknown and several theories explains it may be due to hormonal variations, psychogenic, dietic deficiencies, decrease in gastric motility. In Ayurvedic classics, *Garbhini chardi* is mentioned one among the *Vyaktha garbha lakshana*, and *Upadrava* of *Garbha[3]*. *Garbha peeda*, lack of proper *Garbhini paricharya* is considered as the *Nidana* of *Garbhini chardi*. These causes *Kapha- pitha dushti* which in turn vitiate *Vata dosha. Douhrda avamanana* leads to *Vata dushti* along with *Agnimandhya* causing *Kapha dushti,* thus leading to *Dosha utklishta,* and *Amasanchaya avastha*, making obstruction to *Vata gati* which in turns brings *Kshobha* to *Amashaya*. By the action of *Udana, Vyana vayu*, the *Utklishta doshas* are expelled out through mouth[4].

Due to *Amavastha,* of *Garbha* and *Soukumaryatha* of *Garbhini, Teekshna oushadha* should be avoided. Early intervention with lifestyle modifications with adopting *Pathyahara, Garbhini chardi* can be managed successfully.

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METHODOLOGY

A. Case report

Presenting complaints

A 23 years old multipara with amenorrhea of 7 weeks 5 days attended OPD of PNNM Ayurveda Medical College and Hospital, Cheruthuruthy, with complaints of nausea, severe vomiting with frequency of 8-10 times per day, fatigue, giddiness, since 4 weeks. She also complaints of severe constipation, feeling of immense sadness, since 3-4 weeks.

Menstrual and Obstetric history

She attained menarche at the age of 13 years. Her cycle was regular with 28-30 days interval, 4-5 days duration, with normal bleeding.

LMP – 17-7-2023, PMP – 15-6-2023

Obstetric history

Duration of marriage was 4 years. $G_3A_1P_2L_1$

P1- 3 years, male, P2- Still birth, mode of delivery- Normal vaginal delivery.

EDD- 21-4-2024

Past History

H/o: hyperemesis gravidarum in previous pregnancies.

Undergone emotional disturbances after still birth.

H/o Hemorrhoid

Family History

Mother H/o hyper emesis gravidarum

Personal History

Appetite: Reduced

Bowel: Constipated (once in 2 days)

Micturition: Normal

Sleep: Disturbed

Weight: 48 kg, BMI: 19.27kg/m^2

Medical History

Taken Vomic 4mg tablet

Underwent Ayurvedic management for hemorrhoid.

Clinical findings

USG Pelvis on 05-09-23

Single live intrauterine gestation of 7 weeks 1 day.

Cardiac activity +ve

Yolk sac present

CRL: 1.06 cm

EDD: 24-04-24

Rt ovarian cyst of 3.7 X 2.9 cm

Investigations

Hb: 9.2 gm%

TSH: 1.07

Assessment criteria

Assessment of *Chardi* is made using Pregnancy Unique Quantification of Emesis (PUQE–24)[5] score which measures nausea, vomiting and retching.

Therapeutic approach

While she came to our OPD she had severe vomiting, fatigue, constipation. Treatment has been done in 3 phases in which first phase treatment planned to correct the *Agnimandhya* and *Vata vaigunya.* In the second phase, *Vyadhi pratyaneeka chikitsa* is done and in third phase, *Vatanulomana* is maintained.

Table 1: Internal medications

S.No	Date	Formulation	Dose	*Anupanam*	Time
1.	8/9/23	*Dadimaashtaka churna*	12gm/ day	Sugar	*Muhur muhu*
2.		*Drakshadi kashaya churna*	*Panajala*	-	*Muhur muhu*
3.	12/9/23	*Vilwadi lehyam*	5 gm	-	*Muhur muhu*
4.		*Kalyanaka ghrita*	10 gm/day	*Peya*	11am, 7 pm
5.	17/9/23	*Dhanwantaram gulika*	1	-	SOS

Dietary chart followed for the subject in Hyperemesis gravidarum.

Table 2: Dietary chart

S.No	*Pathyahara*	Time	Quantity
1.	Wheat Rusk	After getting up from bed	1
2.	*Lajamanda*	1 hour interval	15 ml
3.	*Dadimaphala*	8 am, 8 pm	One fruit per day

OBSERVATION

Table 3: Observation

S.No	Parameters	Before Treatment 0^{th} day	During Treatment 5^{th} day	After Treatment 10^{th} day	Follow up 17^{th} day
1.	PUQE-24 score	12	10	5	3
2.	Fatigue	Throughout the day	Only in morning	Absent	Absent
3.	Constipation	Severe	Reduced	Absent	Absent
4.	Hb	9.2 gm%	-	-	9.7gm%

It was observed that within first 5 days of treatment the frequency of vomiting reduced, fatigue which was present throughout the day, limited only to morning hours. Constipation reduced. After 10 days of treatment, there was great reduction in frequency of vomiting, to only 1-2 times in morning. Fatigue and constipation subsided and

her mental status also improved. It was observed that the Hb got increased from 9.2gm% to 9.7 gm%.

DISCUSSION

Acharyas compared *Garbhini* to *Taila poorna patra* and utmost care should be given to avoid *Upadravas* of *Garbhavastha*. *Garbhini chardi* is mentioned one of the *Vyaktha garbha lakshana* and *Upadrava* of *Garbha. Acharya Susrutha* explains *Naaryaascha aapanna satwa* and Acharya Vagbhata explains *Douhruda* as the *Nidana* of *Garbhini chardi*[3]. *Garbha peeda*, lack of *Garbhini paricharya* leads to *Agnimandhya,* causing *Kapha, Pitha dushti*. This *Utklishta dosha* cause *Avarodha* to *Vata* leading to *Kshobha* to *Amashaya* resulting in the vitiation of *Vyana, Udana vayu* causing the expulsion of *Dosha* as *Chardi.* The management is based on the *Dosha* predominance, and *Anukulpoachara* should be followed.

First set of medicine includes *Dadimashtaka churna* and *Drakshadi kashaya*. *Dadimashtaka churna*[6] which is mentioned in the context of *Atisara chikitsa* in *Ashtanga hridaya* is having *Deepana, Pachana, Pitha samana, Ruchi vardhaka, Dhatu poshaka* and thus control *Chardi* and also nourishes the *Garbha*[7].

Drakshadi kashaya, which is indicated in *Chardi* is *Anila -pitha*[8] *hara* in nature, when used as *Pana* intermittently helps to relieve *Moorcha*, and thus helps to reduce fatigue.

Hence by the action of *Agnideepana, Ama pachana, Kapha pitha samana, Vatanulomana,* the frequency of *Chardi* reduced significantly.

Second set of medicines comprises *Vilwadi lehyam* and *Kalyanaka ghrita. Vilvadi lehyam* is mentioned in *Sahasrayoga*, is *Deepana, Pachana, Vata hara guna*[9]. The *Kashaya rasa* of *Bilva moola* is *Kleda soshana* and most of the drugs are having *Chardi nigrahana* property, thus reduces the *Hrillasa* and *Praseka, chardi*[10]. *Kalyanaka ghrita is Tridosha hara, Hrudya, Medhya*[11]. Most of the drugs have *Tiktha rasa, Laghu guna, Ushna veeya* and *Katu vipaka* and have *Amadosha hara, Srotosodhaka*, antioxidant property. It is beneficial in case of *Manovikaras* especially *Kaphaja unmada* with the symptoms like solitude, anorexia, slow or weak body movements etc[12]. Studies shows that it is best for *Pumsavana* (stabilizes pregnancy), also it produces epigenetic modifications in fetus and prevent congenital fetal anomaly[13]. Thus, it is beneficial for *Garbhini.* Thus, with the intake of second set of medicines, *Agnideepana, Srotosodhana, Vatanulomana*, attained and thus *Chardi*, associated features like constipation, fatigue pacified also the severity of the mental illness reduced. Finally, in follow up period *Dhanwantaram gulika* was administered.

By this treatment she got great relief from *Chardi,* and her mental status got improved. Investigation after the treatment was suggestive of improvement in Hb from 9.2 gm% to 9.7 gm%.

CONCLUSION

Ayurvedic management has a better scope in the management of Hyper emesis gravidarum. A proper *Deepana pachana, Vatanulomana*, along with proper *Garbhini paricharya c*an be ideal for treating this *Garbhini vyadhi*.

Consent of Patient

Patient concern was obtained for publication without disclosure of identity of patient.

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